Help Ensure Lower Patient Copays Act

HELP Copays Act

Millions of vulnerable Americans across the country rely on cost-sharing assistance to afford the medicines they need. Patients in the private health insurance market have increasingly relied on this assistance due to rising out-of-pocket costs for drugs. Historically, when a patient uses cost-sharing assistance, the amount has counted towards a patient's deductible and maximum out-of-pocket (OOP) limit. Recently, many health plans started designing benefits to exclude cost-sharing assistance from counting towards a patient's maximum OOP limit and deductible.

This problem can be rectified by reversing a policy adopted in the 2021 Notice of Benefit and Payment Parameters (NBPP) during the previous administration.

The 2021 NBPP permits health insurance issuers and pharmacy benefit managers (PBMs) to adopt a practice referred to as a "copay accumulator adjustment program." These programs permit issuers to exclude cost-sharing assistance towards a patient's OOP maximum, making it difficult for patients to afford their medicines. Moreover, allowing PBMs to adopt these programs impedes patient access to treatment and increases OOP costs for patients in the midst of an unprecedented pandemic and economic crisis.

The HELP Copays Act builds on our previous efforts to lower out-of-pocket costs for patients by prohibiting the use of copay accumulator programs, ensuring insurers cannot exclude the value of pharmaceutical manufacturer cost-sharing assistance from counting toward an enrollee's annual cost-sharing limit.

This commonsense policy will save patients money at the pharmacy counter and ensure people have access to the lifesaving medicine they need.





